

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038600

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5341

FILED NOV 1 1962

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Independence</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1221 West Waldo</u>	
3. NAME OF DECEASED (Type or print) First <u>Samuel</u> Middle <u>Brockman</u> Last <u>Brockman</u>		4. DATE OF DEATH Month <u>October</u> Day <u>19</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-20-1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sheffield Steel Co.</u>	
13a. FATHER'S NAME <u>MASON BROCKMAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY A. SCOTT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Miss Dorothy Brockman</u>		14. NAME OF HUSBAND OR WIFE <u>Essie Brockman</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of prostate</u> DUE TO (b) <u>Senile change</u> DUE TO (c) <u>[REDACTED]</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>[REDACTED]</u> a.m. <u>[REDACTED]</u> p.m. <u>[REDACTED]</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Independence Missouri</u>
21. I attended the deceased from <u>Sept. 1962</u> to <u>Oct. 18, '62</u> and last saw him alive on <u>Oct 18, 1962</u> Death occurred at <u>11:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>10/20/62</u>	
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>K. C. 6, mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>October 22, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Memory Garden</u>	23d. LOCATION (City, town, or county) (State) <u>Independence Missouri</u>
24. FUNERAL DIRECTOR <u>Muehlebach</u>		25. DATE RECD. BY LOCAL REG. <u>10-20-62</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

B. Riller

2961 NOV 6 1962

Dr. Liller.  
Prof. Bldg.  
Dr. 1-6/65

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address H. P. McD.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.